

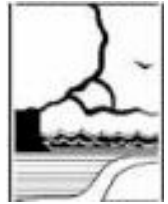


# ILLINOIS DEPARTMENT OF NATURAL RESOURCES

## Office of Oil and Gas

(217) 557-6379

One Natural Resources Way  
Springfield, Illinois 62702-1271



### OG-18 ANNUAL CLASS II WELL REPORT JANUARY 1 THROUGH DECEMBER 31, 20\_\_

OPERATOR: \_\_\_\_\_ OPERATOR #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WELL NAME: \_\_\_\_\_ PERMIT #: \_\_\_\_\_ REF. #: \_\_\_\_\_

REFERENCE # IS REQUIRED , IF REFERENCE # NOT AVAILABLE LOCATION IS REQUIRED.

LOCATION: \_\_\_\_\_ ft. N/S, \_\_\_\_\_ ft. E/W, \_\_\_\_\_ C, \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4

Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_, County \_\_\_\_\_

PACKER SETTING DEPTH(s) (INDICATE IF NO REQUIREMENTS): \_\_\_\_\_

INJECTION/DISPOSAL FORMATION(s) & DEPTH(s): \_\_\_\_\_

DESCRIBE AND DATE ANY REPAIRS PERFORMED DURING THE YEAR: \_\_\_\_\_

MONTH	AVERAGE DAILY INJECTION RATE (Bbl/day)	MAXIMUM INJECTION PRESSURE (wellhead) (psig)
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEP		
OCT		
NOV		
DEC		

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS FORM INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

PERMITTEE OR DESIGNEE SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

ZIP \_\_\_\_\_

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the "Oil and Gas Act". Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center.  
IL472-0204